REGEIVED CENTRAL FAX CENTER MAY 3 1 2006



To:	Commissioner for Patents	From:	Jill Woodburn	
Fax:	571-273-8300	Pages:	13	
Phone:		Date:	May 31, 2006	
Re:	09/554,793	CC:		

Applicant: Serial No.: Filing Date Entitled:

Volker ZIMMER 09/554,793

September 19, 2000

Capillary Active test Element Having an Intermediate Layer

Situated Between the Support and the Covering

Group No.: Ref. No.:

1743 RDID 0043 US

Attachments:

- Transmittal Form (1pp)
- Fee Transmittal (1pp)(duplicate)
- Amendment and Reply under 37 CFR 1.116 (7pp)
- · Extension of Time Request (1pp)(duplicate)
- Fax Transmittal Sheet (1pp)

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Under the Patement, Sectuation Act of 1865, no Agraem TRANSMITTAL FORM The be used for all correspondence efter Initial Stings Trust Number of Propes in 1746 Submission 13	us.s. Application rescond to a cell Application Number Filing Date First Named Inventor Art Unit Examiner Name Anomay Docket Number		demark Officer		PTOSB21 (IPS-94) INDEPENDENT OF TOTAL STORE OF THE STATE
	LOSURES (Check all	that apply)		_	
Fee Attached Amendment/Rephy After Final After Advanta/declaration(e) Extension of Time Request Express Abendonment Request	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Pewer of a Correspondence of Lange of Correspondence of Terminal Disclaimer Request for Refund CD, Number of CD(s) Lendscape Table on Corriss Lendscape Table on Corriss	Address	APO	opeal (Appeal (ppeal	nclosure(s) (please identify
SIGNATURE	OF APPLICANT, ATTO	RNEY, C	R AGEN	NT.	
Firm Name The Law Office of Jil L. Woodburn		Reg. No.	39874	_	
	ICATE OF TRANSMISS simile transmitted to the USP addressed to: Commissioner 1	TO or deno	elted with th	he Uni 450, /	ited States Postal Service with Nexandria, VA 22313-1450 on
Signature J. U. Typed or printed name Jim Woodburn	Dor (burn)			Date	May 31, 2006

This odiscision of Information is required by 37 CFR 1.5. The information is required to detain or makes it with the which halfs is to fee foot by the USFTO is possible in a application. Certification is governed by a governed by a governed by a special control of the USFTO is contacted in selectional to 2 mous to experise, including an execution of the production of the production form to be USFTO. This will vary depending upon the individual case. Any comments on the execution of the production of the production of the USFTO. This will vary depending upon the individual case. Any comments on the execution of the production of the production of the USFTO. This will vary depending upon the individual case. Any comments on the USFTO is built will be used in both does seen in the Dischart information of their control of the USFTO. The use of the USFTO is the USFTO i

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CENTRAL FAX CENTER

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Æ TR	ANS	MITTAL	Filin	g Date	100-	19-2000			
/ En	r FY 20	06	First	Named Inventor	Zim	mer			
,			Exa	miner Name	Ale	xander,	<u>Tyle</u>		
cent claims small	entity status.	See 37 CFR 1.27	Arti	Unit	174				
AMOUNT OF PAY	MENT (\$)	120	Atto	mey Docket No.	RDI	D 0043	US		
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LAW OFFICE I WOODBUR RECEIVED CENTRAL FAX CENTER

MAY 3 1 2006 PTO/SB/17 (01-06)
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I Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Consequent Reduction Act of	g at bankagn are encessed on 1991	spond to a collection of infor	netion urdges it displays a v	ralid OMB control number					
		complete if Known							
Fees pursuant to the Consolidated Appr	op:letions Act, 2005 (H.R. 4818).	Application Number	09/554,793						
FEE TRAN	SMITTAL	Filing Date	09-19-2000						
For FY	2006	First Named Inventor	Zimmer						
		Examiner Name	Alexander,	Lyle					
Applicant claims small entity s	tatus. See 37 CFR 1.27	Art Unit	1743						
TOTAL AMOUNT OF PAYMENT	(\$) 120	Attorney Docket No.	RDID 0043	os					
METHOD OF PAYMENT (check all that apply)									
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FEE CALCULATION (All the	lees below are one upon	illing or may be subje							
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Plant 20		150	00 300						
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2. EXCESS CLAIM FEES Fee Description			Fee (\$)	Fee (\$)					
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Each independent claim ov	er 3 (including Reissues)		200 360	180					
Multiple dependent claims									
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HP = highest number of total disima peid for, if greater than 20.									
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 listings under 37 CFR 1.52(e)). 									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.10(S).									
Total Sheets Extra Sheets Number of each additional bu or fraction (round up to a whole number) x									
4. OTHER FEE(S)				Fees Paid (5)					